

| POSITION            | INITIALS           | ID NO. | DATE     |
|---------------------|--------------------|--------|----------|
| FEE DETERMINATION   | <i>[Signature]</i> |        | 9/30/99  |
| O.I.P.E. CLASSIFIER |                    | 12     | 10/10/99 |
| FORMALITY REVIEW    | B 11               | 60225  | 10-7-99  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        |      |
| 2     | ✓     | ✓        |      |
| 3     | ✓     | ✓        |      |
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| Claim | Final | Original | Date |
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| 148   |       |          |      |
| 149   |       |          |      |
| 150   |       |          |      |

If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy